

RECEIVED
CENTRAL FAX CENTER

JUL 21 2005

Law Offices of

SENNIGER POWERS

One Metropolitan Square, 16th Floor
St. Louis, Missouri 63102Telephone (314) 231-5400
Facsimile (314) 231-4342

FACSIMILE TRANSMITTAL COVER SHEET

DATE: July 21, 2005 ATTORNEY DOCKET NUMBER: WM-267.00 (BXTR 27001)
PTO FACSIMILE NUMBER: 571-273-8300
PLEASE DELIVER THIS FACSIMILE TO: Group Art Unit 1615
THIS FACSIMILE IS BEING SENT BY: Kathleen M. Petrillo
NUMBER OF PAGES: 2 INCLUDING COVER SHEET
TIME SENT: 11:11am OPERATOR'S NAME Lori Macke

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the Patent and Trademark Office on the date shown below.

Lori Macke

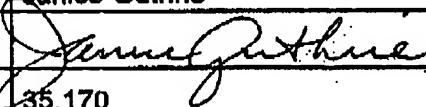
Typed or printed name of person signing certification

Lori Macke
SignatureJuly 21, 2005
DateType of paper transmitted: Authorization to Act in a Representative CapacityApplicant's Name: Yves DelmotteSerial No. (Control No.): 10/004,257 Examiner: J. VenkatFiling Date: 10/26/01 Art Unit: 1615 Confirmation No.: 3743Application Title: BIOPOLYMER MEMBRANE AND METHODS FOR ITS PREPARATION

IF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Yves Delmotte							
Application No. 10/004,267							
Filed: October 26, 2001							
Title: BIOPOLYMER MEMBRANE AND METHODS FOR ITS PREPARATION							
Attorney Docket No. WM-267.00 (BXTR 27001)		Art Unit: 1615					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>Kathleen M. Petrillo</td><td>35,076</td></tr></tbody></table>				Name	Registration Number	Kathleen M. Petrillo	35,076
Name	Registration Number						
Kathleen M. Petrillo	35,076						
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>							
SIGNATURE of Practitioner of Record							
Name	Janice Guthrie						
Signature		Date	7/20/05				
Registration Number	35,170	Telephone	949-474-6406				

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.